

DR. ANDREW TAYLOR STILL, FOUNDER OF OSTEOPATHY.



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## ENGLISH THOUGHT NOW A FALLOW FIELD FOR OSTEOPATHY.

MEDICAL literature need only be scanned casually nowadays to see that the tendency of the profession is away from the use of drugs and toward an understanding of the body with simple efforts to let it live normally. Many of the leaders of the profession on both continents have renounced drugs entirely or else prescribe only two or three things sparingly and with apology, perhaps, admitting the chances for harm even with such caution, and lamenting that they know of nothing better for cure than rest and careful nursing. The older physicians of all drug systems give the least medicine; the older any physician grows the more he cuts down his doses and the oftener he omits them; it is the younger branch of the profession, fresh from school, with the theories and traditions of drug medication uppermost in mind, which perpetuates the alliance of the healing vocation with the pharmacopeia and keeps alive the dogma that drugs make health and slay sickness.

The wide-awake, progressive, original, eagerly-read contributions to medical journalism today do not discuss doses and catalogued effects but how much better patients do without them; not chemical experiments upon vitality but physiological processes and how these may be understood and perhaps controlled without drugs; and one of the most interesting of these reaches into the dark involve experiment and half-through-out conclusions about rubbing and influencing nerve action externally which is a little over the borderline of Osteopathy although probably unsuspected. The entertaining and instructive autobiographies are not from the men who held hard and fast to physic but those who at least by middle life had come to know that it may with confidence be thrown to dogs. Thus the osteopathic branch of the medical profession has the satisfaction of noting that a reaction is at work among their professional brethren; and that the day is at hand when drugs will be laid aside for Nature's methods; and as the first step in accepting the science and art evolved by Andrew Taylor Still, M. D., is to teach mankind that a continuance of life, health and happiness does not depend in any way upon drug dosing, all these seers of medicine who renounce the drug creed may rightly be counted in line with Osteopathy, whether or not they have the good fortune to know of this new therapeutic system.

It cannot be denied that the profession of medicine is swiftly forgetting its drug dogmas—forgetting to believe them, forgetting to practice them—



just as theologians have turned from wrangles over doctrine to deal with the issues of the heart and conscience. This reformation has already reached the magnitude where it is idle to deny it and all seekers after truth and progress will rather admit the facts and study their meaning. It is a swift step toward the recognition of Osteopathy. When the M. D. awakens to the fact that all these years his belly has been filled with husks, the new American system of drugless therapeutics stands ready to give him new food for reason and a greatly enlarged power for professional usefulness.

#### DR. KEITH'S GOOD WORK TO FREE ENGLAND.

One of the foremost of England's physicians who have been hastening this movement is the venerable Dr. Keith whose little books "Plea for a Simpler Life" and "Fads of an Old Physician" are just now being read by the profession and laity the world over. George S. Keith, M. D., LL. D., F. R. C. P. E., commands attention today whenever he cares to express his opinion. He took his first medical degree in 1841 and is with two exceptions the oldest living Fellow of the Edinburgh College of Physicians. From the "Plea For a Simpler Life" we quote these extracts at random, showing this decay of faith in drug medication in England which is making a fallow field for Osteopathy:

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"It is easier for most men to be guided by authority than to think for themselves. There is much more free-thinking outside the profession than within it. In the profession I have had but few followers, although these are by no means wanting. With outsiders I have been much more fortunate. I have long been convinced that the present system of medical teaching and practice is wrong. As to the former, it is so complex and multiform that the most industrious and capable student has to load his memory with a mass of 'notions' which he soon finds are for all practical purposes useless and which he soon forgets, most of them never to be recalled, or, if wanted, to be found at any time in a few books of reference. \* \* \* As to the main principles which guide the Practice of the day, they differ *toto coelo* from those taught sixty years ago when I began medical studies. Most of the common diseases were then ascribed to overaction of some sort, and the remedies were bleeding, vomiting, purging, sweating, etc.; in short, depletion was the order of the day. I still retain my silver lancet case given me by a 'grateful patient' in 1845. About this time the tide turned, and I wonder how many physicians carry a lanced case now! The change came quickly, very much from the teaching of an eminent and popular physician in London, who taught that disease as a general rule depended on a weakened action of the functions, and required 'setting up'; the means being stimulating and tonic medicines, and plenty of good food and drink. \* \* \* The new system of treatment reached its full maturity in a very short period, passing from one extreme to the other, with little or no resting at any intermediate point.



The question naturally occurs—Are we to have a backward movement to the old depletory practice, or are we to have a forward rush sooner or later, it may be to a worse fashion of the day? Or may we hope for a reaction from the extreme doctrines of to-day which may happily come to a stop before it reaches the opposite extreme? And here also the old adage may be found good, *medio tutissimus ibis*. \* \* \*

#### SAW THE ERROR OF DRUGGING AS A CHILD.

“From my varied medical education and experience it need not be wondered at that I gradually lost faith in the ordinary medical dogmas of the day, and especially in the depleting and drugging system as then practised and considered orthodox. I had a strong conviction that homeopathy—however wrong in its own dogmas—would at least show the absurdity of the orthodox system of drugging. By and by, from whatever reason, the professional homeopaths began to use powerful remedies, but in very small bulk, and now it is by no means safe for everybody to use these remedies. Certainly, the effect I had hoped for has not arrived, and drugs are now much more numerous and much more used than ever. \* \* \* My own personal experience gave me also a dislike to drugs from a child. I was considered the weakly one of the family, and therefore was the most dosed. Calomel was in fashion, and the day after getting some grains of this I suffered so horribly that I resolved, if I ever should be a doctor, I never would give a child a dose of it; and I never have. But the medicines then used were all nauseous, and no doubt this in a great measure prevented their use to the same extent as now, when they are made up (as a general rule) so as to cause no immediate disgust. The amount of ingenuity expended since these days in rendering medicines palatable is something wonderful. Perhaps the amount of money spent in advertising new medicines, many of them worthless, some of them fortunately innocuous, is more wonderful still. \* \* \* To complete my own personal experience with drugs. Having involuntarily begun the habit of using aperients (and with no fixed ideas as to food, for I never was taught any), I continued their use as I thought I required them up to the age of thirty-five. Already I was treating my patients with very little medicine; and I began to find that instead of doing me good, an aperient gave me no relief, even temporary; and I quite gave it up. For full forty years I do not remember having once taken an aperient. \* \* \*

“Of the innumerable new remedies that have come into notice in recent years I need say little. Some of them, as the various anæsthetics and anti-septics, are most valuable. They have revolutionised surgery, but have not done very much for medicine. Of the new chemical remedies the number is so great that it is impossible for the ordinary medical man to give them a fair trial, and they add enormously to his already too numerous tools. If they do all that is said for them, nature will have less chance still of showing what she can do without them, and we will have specialists of drugs as



well as of diseases. Of the older remedies the ultimate effects on the system are very imperfectly known; some, as sarsaparilla, have been proved to be inert; and of others, as digitalis and alcohol, the effect has been shown to be the very opposite of what they were supposed to be until a recent period. \* \* \*

#### SHOWS FOLLY IN THE HIPPOCRATEAN MAXIM.

"How is it that the commoner medicines still hold their place so universally if, as I believe, they are mostly useless, and often injurious? One reason no doubt is that patients have not much patience, and wish for some immediate relief. In some cases, where it is clearly impossible or may be unsafe to give this relief, a placebo may be of use. I have always had too much respect for my patients and for myself to have recourse to this as an ordinary practice; but I once got more credit for prescribing a box of bread pills than perhaps I ever got from giving a stronger medicine. Another reason why medicine is still so much used arises from carrying into practice the well-known aphorism of Hippocrates: '*Melius remedium dubium quam nullum*'—Better a doubtful remedy than none. There is an old saying of Rev. Dr. Chalmers: 'No one can tell what evils may result from the enunciation of a wrong principle.' I know no wrong principle from which so much evil has resulted as that enunciated in the above axiom. The fallacy lies in the word *remedium*. It implies that the doubtful means employed is a remedy, though it may not act as such in the case in hand. The idea that it may hurt is left out. It is a strong measure to correct Hippocrates, but for his axiom I would substitute the following: '*Melius medicamentum nullum quam dubium*'—Better no medicine than a doubtful one. The new word implies a doubt, an uncertainty of good or evil, and from this the inversion of the rest of the sentence naturally follows. When a doctor is called in he is expected to do something, and, the course of the disease being so very uncertain, it is not easy for the patient, nor for the doctor either, to know, should improvement follow, what share in this the medicine may have had; and, *vice versa*, if the symptoms become aggravated, this may be in spite of the means used, and altogether from the disease. The Hippocratic maxim is no doubt a great source of comfort to the doctor; and so long as he knows that he has followed the teachings of the experts of the profession, and gives the remedies indicated by the symptoms of the case—is thoroughly orthodox, in fact,—he may keep an easy mind. If his patient dies, he gets credit for having done all that was possible. But a very serious 'evil' arises from always acting on the principle which the maxim so clearly 'enunciates.' He can never know what is the natural course of the disease for which he has used the doubtful medicine, and he may go on during a whole life-time obstructing nature instead of helping her. \* \* \*

#### DENOUNCES APERIENTS IN SCARLET FEVER.

"I will give here only one disease where the usual treatment is, I am



sure, in many cases, most injurious; and simply because it interferes with nature's processes. In a case of scarlet fever it is the almost universal practice to give at once a dose of aperient medicine. Now, when the doctor is called in in this case the disease has already reached its second stage. The first step is the absorption of the poison and its effecting a lodgment in the system, and this is seldom attended with any marked symptoms. These are produced by the reaction of the system to throw off the poison, and unfortunately it is these which we are apt to look upon as the disease itself, and therefore to combat. In an ordinary case of scarlet fever the poison is thrown out by the skin and the mucous surfaces of the throat and pharynx. In some cases, perhaps from some previous errors in diet, there is diarrhœa, or irritation of the stomach and vomiting; and these cases often do badly. It seems natural to suppose that a dose of aperient medicine will, by causing more or less bowel irritation, interfere with the natural action of the skin and throat, and may turn a simple case into a severe one; and this I have found to occur in practice. I have often read of cases where this evidently happened, and I have met with it in cases I have seen with others. From almost the beginning of my practice I have never given a dose even of the simplest kind. In a very small proportion of cases the poison is so strong that it kills in twenty-four hours, or little more. \* \* \*

"As a physician, I have had more to do with cases of apoplexy from rupture of an artery in the substance of the brain. Here all we can do is to prevent, if possible, the further escape of blood, and to encourage, if we can, its absorption. The old method was of course to bleed the patient with the view of lessening the pressure on the cerebral vessels, and perhaps there was some sense in this, though much might be said on the subject perhaps to little purpose. Now, various medicines are often given, administered by the mouth if swallowing is possible, or by the bowel, and very soon the attempt is made by food and stimulants 'to support the system.' I am very sure my success has been greater since I have trusted entirely to rest and time, and have given neither food nor medicine. The straining caused by the simplest aperient may make to the patient the difference of life or death. \* \* \*

"I believe, from observations on myself and on others, that Sir B. W. Richardson is quite right in his conclusions, come to from strictly scientific investigation, that alcohol, in every form, lowers the strength both of man and beast. For long I have looked on alcoholic stimulants as I do on a whip or a spur to a horse. They may bring out more force at the moment, but the effect is very transient, and is attended with a decided loss of power. They may possibly be of use in the rare occasions where a temporary stimulus is all that is wanted, but even for this there must be already some stock of force, capable of being called out at the moment, and also sufficient to carry on the necessary actions of the system afterwards. If this demand on the potential strength of the victim is called for by repeated doses of the



stimulant, the ultimate effect must be exhaustion. The conclusion then is the absurd one; that when stimulants are given to 'support the system,' or to 'keep up the strength,' the force must be there already, or the stimulant can have no action whatever. \* \* \*

#### SIMPLE REST DEEMED BETTER THAN DRUGGING.

"We have seen that in sickness neither medicine nor alcoholic stimulants nor food are necessary as a general rule, but, on the contrary, are often absolutely injurious; and the only conclusion we can come to is that the sick are in most cases to be left to nature's methods, and to these only. Now, what are these? When one falls ill, in the first place he usually loses all appetite for food. He thus tends to give rest to the stomach: tends, I say, for often the stomach has a long period of work before it gets rid of its contents in the first place, and then of the secretions which come into it, chiefly from the liver by regurgitation, and from the blood. If the illness has been brought on by taking any poisonous or deleterious matter into the stomach, or even by taking too much of the proper food, the cure may be speedy, and there may be no occasion to fall back on the stored-up food of the body; and here no one would dream of fresh food being taken. But if the poison is a slow-working character, and a long period for its elimination is required, or if some (it may be reparatory) process of inflammation is going on, which upsets all the nervous functions of the body, so that the nervous energy of the stomach so necessary for the digestion of food is wanting—if time runs on, and still no food is demanded by the patient—the friends begin to get anxious, and the dread of 'letting the patient get too low' comes strongly to the front. \* \* \*

"To sum up: the doubtful remedies which, according to the new axiom, are as a rule to be avoided in states of disease are medicines of all kinds, alcoholic stimulants, and food; and nature's methods which we advise to be substituted for them, or rather to be allowed full play without them, are rest, not forgetting rest to the stomach; warmth, or in rare cases, cold; a free supply, usually of water, and always of fresh air; and sufficient time for the organs to recover their ordinary working powers, and especially for the nervous system to make up its wasted energy. In short, we must fall back on the old and much forgotten *vis medicatrix naturae*. \* \* \*

#### MARVELS THAT THE BODY SURVIVES DRUG TREATMENT.

"It may be asked—If the present system of treating the sick be so hurtful, how do so many recover under it? I answer by asking another question: How is it that so few reach the age of fourscore, which, from the time of Jacob, has been considered an extreme old age? May not this bad treatment of the sick be one large cause of the shortened life, as is the bad treatment of themselves by the healthy, on the 'short life and a merry' principle? The human body is, or at least we consider it, the highest work of the Creator, and it can stand a great deal of bad treatment at one's hands. My



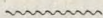
wonder is that it stands so well. Or I might give a shorter answer by asking, How did any of the sick treated on the old plan recover at all? I would be glad to have an answer to this question from the advocates of the new."

\* \* \*

Dr. Keith was bold enough to renounce almost wholly the use of drugs in his practice without possessing anything like Osteopathy to rely upon. His main remedies were returning as closely as possible to Nature, using common sense to give the body a chance to live, while seeking always for the New which he seems to have believed steadfastly mankind would one day possess to combat disease successfully. In Dr. Keith the disciples of Dr. Andrew Taylor Still see the type of the advanced physician who must herald the change of systems—men liberal enough to avow it publicly. Such men are striking off the shackles of drug slavery which have bound mankind from the dark ages. They are as voices in the wilderness who, perhaps all unconsciously, are crying the coming of the osteopathic dispensation. It only remains for such men to investigate this system. Osteopaths know the inevitable result.

Within a few months Dr. Keith has heard of Osteopathy and in a recent letter to the parent institution he has asked for osteopathic literature. He expressed his delight in learning even a little of Dr. Still's work and emphasizes his desire for prompt and fuller information. He complimented the common sense of the new science and expressed his hope that he would be able to endorse it on careful investigation.

Dr. William Smith was a student under Dr. Keith in Edinburgh in his youth. In the succeeding number he will give some recollections of the venerable scientist with part of Dr. Keith's correspondence concerning Osteopathy.



## OSTEOPATHY WORKS WONDERS IN EMERGENCY CASES.

**O**BJECTION to Osteopathy comes from some quarters of the drug camp that it is not applicable to emergency cases. The old slander that it was not good for *anything* has been rebuked and disproved so often by results in the treatment of deformities and the worst chronic cases that drug advocates who have regard for their own reputations have ceased to under-rate the new science in specialty practice. The hopelessly lame have been made to walk, the blind to see, the asthmatic to breathe freely and the rheumatic, dyspeptic, neurotic and nameless other sufferers have been cured so often—and so often instantaneously—that the mouths of revilers have been shut, critics and skeptics have become believers, while even the M. D.'s in many quarters have been forced to acknowledge Dr. Still's system as a wonder-worker in saving their abandoned "incurable" cases. To those who have been in touch with Kirksville for a decade this is an old story. It has



become widely known; institutions and laws are being founded in recognition thereof from Boston to San Francisco; patients and students have journeyed thither from all over the world.

Now comes another insidious criticism that whatever Osteopathy may accomplish within infirmaries walls "it won't do for *acute* cases" and that in "emergencies, when people feel the issues of life and death sharply drawn, they turn to the family drug doctor and put their trust in his dear old doses." In other words, Osteopathy may set hips, dislocated vertebræ and all that, but it will not go to the bed of an acute sufferer and take the place of old-fashioned strong drugs!

Bosh! Who says this—anybody who has ever tried Osteopathy?

The medical journals say so—some of them. Papers of the calibre of the hysterical WESTERN MEDICAL REVIEW says so. This little journal is printed somewhere in Nebraska or Colorado and in much the same way that all the little pugilists blow their horns by forwarding challenges to Prof. Fitzsimmons the WESTERN MEDICAL REVIEW has been throwing down the gauntlet to Osteopathy and drawing it back with a string, hoping to draw the eyes of the public to its astonishing boldness. This little organ of one or two feathers of the antideluvian wing of the drug fraternity, takes up that later objection to Osteopathy—that "it won't do in *acute* cases"—and shows its knowledge in this wise:

#### "THE TRUTH AND THE FALSE."

In the still hours of the night, when the father and mother are aroused from their sleep by the heart-rendering cry of their loved one—that croup cry, which pierces to the very soul of the mother—is a messenger sent posthaste for the Osteopath or Christian scientist, or to any of the other faddists? Oh, no, in time of trouble, to the physician, and he does not wait to demand a pay in advance before he responds to the summons, even in cases when he realizes that the probability is he will never get a cent in payment. Does the Osteopath go at all hours of the day or night, in any and all kinds of weather, to any and all kinds of cases, traveling, it may be, over prairies in the worst of weather and the blackest of nights, no matter by whom called? Oh, no. He does not want to practice medicine in that way. He has his office where he can do his curing in comfort, at the rate of \$25 per month, cash invariably in advance. He wants the easy part of it—the paying part.

The probabilities are with 400,000 drug doctors in the United States, more or less, and less than 400 qualified Osteopaths, that the father and mother who are aroused from their sleep by the heart-rending croup cry will in the majority of cases send for an old-fashioned doctor. Unfortunately they *have* to. They barely know of Osteopathy perhaps and, if they did know all about it, there are not operators enough to pass around, let alone spare for travel across sparsely settled praries in blackest mid-night. An Osteopath, as matters now are, can stay in his office and treat a dozen patients while he might be traveling across mountain and desert. The demand for his services in the centers of population compel him to localize. He is forced in the nature of things to give his first attention to the chronic and



"hopeless" cases which have come to pass by the doors of drug doctors to receive the benefits of the new science. With the growth of the profession this situation may change; it is to be hoped the day will come when even people who dwell in remote country districts will be able to command Osteopathic treatment. At present they seldom can.

But what about these emergency cases? Has this challenge even slight foundation? Is the drugless system not immediately available in acute illness? One who knows anything about Osteopathy never asks this question. Of course it is. Here in Kirksville where Osteopaths are available people from the whole county and surrounding counties ride post haste for osteopathic aid night and day and in wind or any sort of weather. Whenever a bedside congress of drug doctors anywhere in Adair county or this region gives up an acute case as past all medical aid and advises an appeal to surgery—or calling in the relatives for last farewells, do messengers fly post-haste to get other drug doctors? Oh, no, to the Osteopath—it probably is, an undergraduate student of the American School of Osteopathy—and if the trifling of the first physicians has not allowed the sufferer to die, the chances are the Osteopathist saves the life of the patient.

This sort of thing happens every month at the parent college of Osteopathy and many of the graduates who go out win some reputation before getting their diplomas by doing things that seems marvelous enough to the country folk in answering emergency calls. Now it is a case of pneumonia, at other times fevers, again what is called "lock bowels" and so on through the catalogue of "emergency" cases.

Within a month there has been an illustration of this practice. A few days before Commencement a rush call came to the Infirmary from across the country. A regular operator could not be spared. As is usual in such emergencies a senior student was dispatched with the courier rather than let the sufferer die for attention. Mr. H. Thomas Ashlock, of Burlington, Wisconsin, was assigned to the case. The patient was Mrs. Albert Brown, of Baring, Missouri, who was close to death from a twist in the bowels which had suffered four days of neglect. Several drug doctors had treated the case without doing the least good. They pronounced the patient beyond the help of prescriptions and recommended a surgical operation as the last hope for life. Relatives say a surgeon came and examined Mrs. Brown and after concurring in the diagnosis demanded \$300 in advance before he would undertake the case. This fact is worth noting not because it is usual among physicians and surgeons but because these often undertake to criticize Osteopathy for its business-like system of charges.

After a thirty miles ride across the country Mr. Ashlock reached the sufferer about sundown. Mrs. Brown was in great pain; had not moved bowels in four days; had hardly slept in that time; and the bowel region was greatly inflamed. The entire body was so sensitive that an examination could not localize the trouble. The surgeon was only waiting the word to



cut after the obstruction. The fledgling Osteopathist set about relieving the pain in order to locate the knotted bowel. Until 10:30 p. m. he scarcely had his hand off the sufferer a minute. He confined his work to the spine in the lower dorsal and lumbar region. The patient sunk into sleep at 8:30 o'clock and woke after two hours, much easier but still in pain. Continued work on the part of Mr. Ashlock put the patient to sleep again and reduced inflammation. The patient did not wake again until 4 a. m., when the pain had allayed.

Dr. Ashlock's next course was to localize the knot in the intestine and find in which position the twist lay. After a careful examination of the region now free from pain he found the obstruction and verified the diagnosis of the drug doctors. Patient work until after daylight raised up the affected part of the bowels, worked out the twist and sent the impacted mass through the bowels, producing a natural passage. The patient was then entirely free from pain.

The young candidate for graduation left his patient shortly after breakfast and hurried back to his examinations. The house-full of relatives and friends whom he had found gathered to give the last kiss on the evening before were then all surrounding the bed, laughing and chatting with the patient, and a house of mourning and pain had been suddenly transformed to one of joy and congratulation.

A day or two later this letter was sent to the A. T. Still Infirmary:

BARING, KNOX Co., Mo., JANUARY, 28, 1899.

DR. A. T. STILL, KIRKSVILLE, MO.:—Dear Doctor: This is to certify that we have had four cases of locked bowels in this neighborhood; three died; and the fourth was Mrs. Maggie Brown, wife of Albert Brown. After she had been given up by two M. D's., they wanted to cut her open and wanted \$300 in advance. My son went to Kirksville for an Osteopath—I staid and begged for the woman's life until he came. They said she could not live until morning. Dr. Ashlock came about six o'clock in the evening; he went to work, eased her, put her to sleep, afterwards unlocked her bowels and left her all right in the morning. The house was full of friends whose names can be given if this is wanted.

Please show this to Dr. Ashlock in appreciation of his services. Dispose of this as you see fit.

Gratefully Yours, B. C. KOONTZ.

It only takes one emergency of this sort to convince a community that Osteopathy *does* reach acute cases. Mr. Ashlock's work was good; he exemplified his fitness to receive the degree of Diplomate of Osteopathy a few days later; but his success could have been duplicated, no doubt, by any of his fellow graduates, and such a declaration to the eulogizing relatives of Mrs. Albert Brown was his farewell at driving away from the home-  
stead:

"Don't thank me—thank Osteopathy—any qualified practitioner could do the same thing."



## THE LABORATORIES OF VITAL FLUIDS.

C. W. PROCTOR, PH. D.

MANY diseases are known to be accompanied by chemical changes of the blood, lymph, digestive, or other fluids of the body. Whether these changes are the cause or result of the disease has often been a matter of dispute. But the Osteopath takes the position that secretory organs in a normal position, with normal nerve and blood supply, will produce a normal secretion. He has not therefore deemed it necessary to pay as much attention to the chemistry of the body as to the anatomy. It is, however, evident to the thoughtful that disturbances of certain organs must lead to changed fluids and hence to deleterious effects upon the whole body, and that a more intimate knowledge of the secretions controlled by certain nerves, the origin of the different blood constituents produced by metabolic changes and the effects of such substances upon the general health is necessary to the highest understanding of what is accomplished by osteopathic treatment.

Osteopathic operators have been too busy in satisfying the great demands upon time and strength to consider theory. It has been sufficient for both patient and operator to know that a disease was cured without knowing what changes occurred during the cure. But it has been the universal experience of scientific progress in the past that the development of correct theory is as necessary to permanent success as the most skilful practice.

Experiments upon the secretion of the salivary glands indicate that the intensity of nerve action is one of the most important factors in determining, not only the quantity, but the quality of the saliva. But no amount of nerve stimulation can cause the secretion of more material than are brought by the blood, hence the second factor in elaboration is blood supply. Acting upon this suggestion, does the Osteopath so treat organs as to enrich the blood of an anaemic patient, to check the spread of inflammation in rheumatism and throw off the uric acid in gout? Or does he effect a cure in some other manner?

Stimulated nervous action is quick to make changes in the tissues and a free flow of blood has long been shown by Dr. Still to be a foe to disease of any sort; so it is by nerve action and blood supply that the healthful secretions and the rich blood is to be formed. The idea that drugs can do more than make a temporary change is ill-founded. The chemistry of the body depends upon the food taken and upon the part each cell takes in the changes made to produce tissue from this food, or throw off the waste, after it has served its purpose as tissue. The location of each change so far as changes are local, the character and control of each change when general should be the special study of the Osteopath.



## DRUG THERAPY A BASELESS DREAM.

THE ECLECTIC MEDICAL GLEANER:

THOUSANDS of unreasoning practitioners are not capable of discriminating between food and medicine. Doctor, put this down as a fundamental fact: NO MEDICINE IS ASSIMILATED. If you give something which you call a medicine, and it adds itself to some tissue, then it turned out to be a food and not a medicine. Four-fifths of the high dilutionists, and a good many eclectics, practice under the insane hypothesis that medicine is assimilated. Who does not know that almost all physicians, of whatever school, give such agents as iron, phosphorus, etc., under the delusion that they will be assimilated, and supply a lack? Under this ankle-deep philosophy the lack of a systematic element constitutes the disease. Thus, in most anemias there is a lack of hemoglobin. The ankle-deep philosopher reasons thus: "We will supply this lack (which is the disease) and presto, the disease will vanish." Then he orders his favorite preparation of iron. It may be the tincture of the muriate of iron. If it happens that the primal lesion in the case is susceptible of being shaken up by the acids contained in the preparation, good may result. It is certain that the iron would not be assimilated, for, in this case, this iron-lack depends upon non-assimilation of it even when offered by Nature. This lack of hemoglobin is a proximate, evident effect, the cause being located in, or behind the assimilative apparatus. If we could directly supply this lack, the cause would still persist, and, of course, the disease would remain in full force. To put your therapeutic pry under this effect is to put it under the wrong end of the disease. But this is just what four-fifths of the doctors are doing. THERE IS NO DIRECT MEDICINAL LACK-SUPPLIER; THERE IS NO DIRECT MEDICINAL TONIC. Medicine does not import into the system any vital element. All it does is to create a general or local perturbation, as the legitimate effect of its foreignness. Foods do not do this, unless taken intemperately toward either extreme, and that is why foods do not cure. Note that the systematic disturbance resulting from starvation or gluttony is pathological, not physiological.

If there is any efficacy in high dilution, the fact depends upon the effects of the dynamization and not upon infinitesimalism. I have forgotten how much iron is naturally resident in the system; but suppose it is one drachm. Suppose an anemic girl has lost her iron. Suppose we give her the thirtieth trituration of iron with a view of making good the loss. Suppose we give her a grain at a dose during her waking hours; how long will she have to take it before the loss is supplied? I won't attempt to compute it, but it would take millions of years! Too tedious; the patient would get nervous and dissatisfied.

It is claimed by many that we get the spirit of the drug by high atten-



uation. This contradicts a fundamental principle of physics. We get the spirit (essence) of a substance by compression, not diffusion. How much of the spirit of aconite is there in a one-hundredth dilution? If it contains even the hint of the shadow of the ghost of its spirit, it would require the infinite mind to apprehend it. The one hundredth dilution of a drug is not intellectually relationable to any infinite thing. It is the unimaginable concrete representative of an incomprehensible idea. In other words, it is nothing that is distinguishable from pure abstraction. It has been called moonshine, but moonlight is grass compared to it. It is about a scientific fact that dynamization adds no permanent principle to a substance which is not descriptively comprehended in the word comminution. There may be a rational excuse for extreme attenuation, but it is not apparent to me, except under the hypothesis, that drug therapy is a baseless dream.

### LESSONS WE LEARN FROM ANIMALS.

W. L. HARLAN, D. O., DENVER, COLORADO.

THE laws of nature are followed by animals much more carefully than man. His reliance upon medicine to right all bodily wrongs has made him mad. Animals use no remedies except those foods supplied readily by nature. Animals have diseases, undergo the most serious injuries and are subject to violent epidemics, yet recover without artificial aid. If animals recover health, normal conditions being restored after violent disorders, without drugs, why should not man? Is there any reason why a talking biped should resort to drugs and a dumb quadruped should not? Both are endowed with similar organisms; they have similar powers of digestion, absorption, etc., and these functions perform their duties as perfectly and as wonderfully in animals as in man. Animals will never take medicine unless it is forced upon them. Among savage nations no real medical treatment is employed. They have their venerated "medicine men," as we have ours, but they suppose themselves merely charmers and incantatory formulas and meaningless ceremonials are used to frighten away the evil spirit, while ours put their trust just as blindly in physic. Savage nations are almost as plain and simple in their habits as the animals and like the animals they are more seldom sick. The savage has lived and multiplied in the absence of drugs. He dies more often from old age than his civilized cousins. Sir John Forbes, physician to the Queen of England, says that among half civilized nations where medical treatment is not employed there is a less proportion of deaths to the population than in the most enlightened nation. What does this prove? That nature holds the only real healing power and that nothing artificial can be substituted for nature. That in their divorcement from drugs animals and semi-civilized races can well be imitated by all of us. But it will be asked: "If nature restores animals and the savage races to health without drugs, what is the use of an Osteopath?" The work of the Osteopath is to assist nature. He acts as the engineer who repairs the



clogged or broken machine. He readjusts the machinery and gives it free motion again so that it may move as it was intended to move. Osteopathy tones up the system and stimulates the circulation and the normal secretion of all bodily fluids so that the disorder, whatever it may be, disappears. Osteopathy does not make the cure but helps nature, our only physician, to cure. Nature must repair every break and rebuild every tissue and often does this in spite of the pernicious influence of drugs. Osteopathy introduces no foreign substance into the body, but by rational methods puts the human machine in such a condition that each part will do the work that nature first assigned to it.

## OSTEOPATHY TO RE-WRITE THE HISTORY OF PAIN.

GEORGE J. HELMER, D. O., NEW YORK.

OSTEOPATHY'S place in the march of civilization at first thought seems an absurd idea, the science being so young and its place such a small one when we include all peoples, but if we look back and think how rapid, wonderful and successful has been its progress these few years, none can treat the science lightly, even if it is just leaving its swadling clothes. Osteopathy as it stands to-day unknown to millions but surely advancing— young but growing, fought against but rebounding from each conflict like the giant of old with thrice renewed strength—is traveling the same road trod by each new science or reform. When an innovation becomes common we forget the struggles which gave it birth.

A little over fifty years ago the farm laborers of England resisted the introduction of agricultural machinery. Some may remember "Hodges" invocation to "Captain Swing" to burn the reaper, thresher and sheller along with the beans and barley. Franklin was thought insane because of his belief in electricity. It is scarcely a generation since the Atlantic cable was considered an impossible undertaking. How much time does the world spend moralizing upon these lessons of progress?

Allopathy strove to clear the field of homeopathic practitioners until the former was compelled to admit excellences for the latter's system; then the combat was waged against eclecticism; and this in its turn obtained a foot-hold. Now Osteopathy appears asking like its predecessors recognition for benefits conferred upon mankind. It is assailed by the three regular schools which, although not able to agree among themselves, yet recognizing in Osteopathy an enemy of the drug practice, meet on common ground to suppress the osteopathic practitioner.

I am writing no defence of Osteopathy. My aim is to show that *it is making its place in the world after the fashion of the world's customs*. Do we never grow wiser from one generation to another? Must we always fight over this question of advancement to its inevitable conclusion? All that the friends and disciples of Osteopathy ask is that it shall have a fair field where it may prove its worth and we believe if this is given that by honest labor of brain and hand we can give to the people such blessings of health from osteopathic practice, as shall secure the science a foremost place in the world's interest. We believe that its achievements will one day rewrite the history of sickness and pain among men.



## HOW OSTEOPATHY GOT ITS FIRST RECOGNITION IN KIRKSVILLE.

HENRY STANHOPE BUNTING.

NOTWITHSTANDING the fame which Osteopathy has conferred upon Kirksville, the thousands it has brought in pilgrimage to the parent institution of the science, it is scarcely more than ten years since Dr. Still got his first public recognition in the town where he has done his great labor for science and suffering. That recognition came from a Cumberland Presbyterian minister and it took the form of a public prayer beseeching divine blessings upon the isolated man whose marvellous work was beginning to attract attention. The story as recited now can scarcely be understood with the swift revolutions of the wheel of fortune for the man whom now unknown thousands delight to honor.

There was a day when patients did not flock to Dr. Still accompanied by approving friends. At departure they did not shout their gratitude for benefits through trumpets. They generally came in the hope of avoiding discovery and went away grateful but in the main disclosing their gratitude only to the few close friends who would not call them crazy. Ridicule was too strong for the average patient and he was content to bide his time and in a quiet way urge the next sufferer he met to try the inscrutable "bone doctor" at Kirksville. That was only ten years ago.

Even that village distrust and cold-shoulder disdain which beset the unpretentious man of science through his years of patient work had not yet been dispelled. He had earned friends along his pilgrimage who loved and trusted him but they were not legion. He had restored neighbors to health after years of criticism and contumely and they came one by one to believe in him. Unfortunates carrying burdens as unbearable as his own had in ways great and small come to feel his help and sympathy. Suffering of all grades that flesh knows had felt the touch of his blessed hands and knew him for a savior from pain and mediator with death who could plead life's pardon after the professional death warrant had been uttered. He had always been esteemed and encouraged by those few souls of reach great enough to feel and think above the altitude of general opinion. Yet with these passports Dr. Still's mission was not credited by the majority of his townsmen; his work by many was supposed to be in some way diabolical; his personality was regarded as uncanny and his reason unbalanced.

A minister in Kansas denounced him as a blasphemer because he said "When Christ restored the withered arm he knew how to articulate the clavicle with the acromion process and relieve the pressure on the axillary artery so as to send a normal blood supply into the arm." He was anathematized because men thought he imitated Christ in restoring withered arms and legs and staunching issues of blood and helping the blind to see as often as his suffering fellows gave him the chance to try his skill upon



them, while at least one minister used to say in public God ought "to strike old Still dead for his iniquitous, blasphemous presumption." Thus it came about that the approach of the humble servant of the sick was enough to scatter a group of wayfarers in the village street. When people found their physicians at a deadlock with hope they were accustomed to send word to Dr. Still to come and see them and it was not unusual to ask apologetically "if he would not just as soon come in the back way quietly." His neighbors did not as a rule exchange visits with his family. His sons in young manhood found it hard to get any sort of employment to help support the family while the father followed his pillar of fire toward the Caanan of discovery. Merchants told them in confidence they liked to hire boys whose family connections would draw trade rather than alienate it.

It was therefore no inconsequential thing for the growing science of Osteopathy to have a public acknowledgment in Kirksville one day ten years ago. After that people who had praised Dr. Still quietly felt it no shame to espouse his cause openly. Osteopathy like the course of the planets would have gone on just the same whether Kirksville had ever given it a vote of confidence or not; but it was a mile-stone in Dr. Still's career and from that day when Elder Mitchell asked God to bless his work the prophet can be said to have come into possession of open honor in his own country.

The daughter of Rev. Dr. J. B. Mitchell had been thrown from a horse, sustaining injuries that made her lame. For six months she followed the direction of physicians and surgeons but failed to show improvement. She suffered pain in the ankle and could not walk without crutches. Miss Mitchell heard of Dr. Still's work through neighbors and wanted to try his powers but feared her father would be prejudiced against the experiment. She consulted with her mother and they two sent for the outlaw unknown to Dr. Mitchell. Dr. Still answered the call in his usual quiet manner by the side door route and upon diagnosing the case promptly assured the young woman that her hip was dislocated. Her pain had all seemed to be located at the foot; the limb had always been cold from the day of the accident; and the physicians had directed all their treatment toward the end of the extremity. Dr. Still set the patient in a straight back chair and got down on the floor just under her. There was a strain, a twist, a push and a snap and the operation was over.

"Now, Mary, get up and walk to me," said the physician from across the room. "Never mind your crutches—just walk as if you had never been injured."

The girl did stand erect on both feet and advanced to the Old Doctor. There was a lingering pain in the instep. An examination showed a dislocated tarsal. It was remedied in less time than the hip had been set. "Now, Mary, walk up the stairs there," ordered Dr. Still. Mary started to comply by reaching mechanically for her crutches.



"Tut—tut! Let sticks alone; you will not need them again," she was reprimanded. "Just walk up stairs on both feet as if you had never been lame and don't even take hold of the railing."

Mary Mitchell did as she was bidden. She ascended the stairs easily and painlessly. From that day her lameness was well, the pain gone, and her leg and foot within an hour had recovered normal temperature. She walked upstairs to the bedchamber of her father who was just recovering from an attack of pneumonia. Dr. Mitchell heard the story and clasped the girl to his breast. He assured his child he would have had no objections to Dr. Still trying his art on the case and he showed his good faith by taking a treatment to hasten his own recovery.

A Sunday or two later Dr. Mitchell re-entered his pulpit after an absence of several weeks. His daughter was present with her mother, receiving congratulations on every hand for her quick restoration from invalidism. Dr. Mitchell said before beginning his sermon:

"I want to offer a prayer in which I ask every heart to join me fervently. It is not an ordinary prayer. I want to invoke the blessing of Almighty God upon Dr. Still, who has restored my daughter from lameness, and a blessing upon his work which is relieving suffering and lessening the afflictions of mankind. Let us pray."

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## THE PEN OF AN OSTEOPATHIC WRITER.

ANDREW TAYLOR STILL, M. D.

AN Osteopath after dipping his pen into the ink of research with the expectation of informing the world on this science should be very careful to place his pen square on the line that contains nothing but the opinion of the writer. He who has given intelligent study to the science to make him a writer of authority, will find no trouble in finding a subject on which to write a long or short piece, because without doubt the science of Osteopathy covers enough ground to enable him to write something of his own. In his descriptive writings he must confine himself to the principles of Osteopathy which will give him an abundance to write if he will confine himself to any one division of the workings of the machinery of life from the top of man's head to the sole of his foot. Osteopathy has its uses for anatomy, thus the writer has a prolific field in which to write. So it has a great place and use for physiology and the chemistry of man. All these subjects are starting places, and are able to suggest all he can record, and the world is ready to hear from him. Like the historian who wishes to record the real condition of a nation, he must confine his thoughts and pen to that nation; the geographical description of the country, the people, with their religion, politics and schools, number of inhabitants, with their skill, industry and so on, and so long as he confines his pen to the description of that nation, he is doing some useful writing. But when he



takes up his pen to write the high truths of Osteopathy he must write what he knows about it, and not bore his reader with a long list of quotations from Allopathy, Homeopathy, Eclectism, Christian science and so on through the whole list and methods. The subject of Osteopathy is too prolific for a finished Osteopath to have to borrow lines from any other writer, and if he is too lazy and stupid to think and give the people something good to read he had better be too lazy to write and not bore the people with anything but pure and unadulterated Osteopathy. I would advise each diplomate from the American School of Osteopathy when he goes out in the field of practice to purchase a blank book and write down for his own use his observations of diseases of each season, and at the end of the year review his successes and failures. Then, with a new book, commence the second year, and study Osteopathy with all his might and make a record of his observations that will be much better for him than anyone else that will read those notes. By the time he has written his third year's observations he will have taken many hearty laughs over his first year's bosh.

Suppose an incompetent writer, or one who has just finished the course and received his diploma, should take his pen and begin to dilate on Osteopathy, how much farther can his pen reach than what he has learned to say by rote as questions and answers? He has never lead as a teacher of the principles of any branch; all he knows is what has been told to him by books and professors, which leaves him wisely prepared to drill himself in the school of experience, which is the place to reduce theory to knowledge, in which place he must learn all he will ever know of Osteopathy; as not blind faith in what we have, but what he proves and knows is what is demanded of him.

## INFLUENCE OF DRUGS UPON THE NERVOUS SYSTEM.

DAVID STARR JORDON, Ph. D., LL. D., PRESIDENT OF LELAND STANFORD, JR., UNIVERSITY.

POPULAR SCIENCE MONTHLY:

THE influence of all drugs which affect the nervous system must be in the direction of disintegration. The healthy mind stands in clear and normal relations with Nature. It feels pain as pain. It feels action as pleasure. The drug which conceals pain or gives false pleasure when pleasure does not exist, forces a lie upon the nervous system. The drug which disposes to reverie rather than to work, which makes us feel well when we are not well, destroys the sanity of life. All stimulants, narcotics, tonics which affect the nervous system in whatever way, reduce the truthfulness of sensation, thought and action. Toward insanity all such influences lead; and their effect, slight though it be, is of the same nature as mania. The man who would see clearly, think truthfully, and act effectively must avoid them all. Emergency aside, he cannot safely urge upon his nervous system even the smallest falsehood. And here lies the one great unanswerable argument for total abstinence; not abstinence from alcohol alone, but from ALL NERVE POISONS and emotional excesses.



## FROM THE PROFESSIONAL POINT OF VIEW.

**Concise Clinical Records Wanted.**

No one Osteopath can, in the course of a few years' practice, have experience with all diseases. It seems to me a *concise clinical record* giving symptoms, condition of patient, osteopathic diagnosis and result of treatment would be of benefit to the science and the operator. Failures should be noted as well as successes. We do not care so much for the wonderful cures which some Osteopath has performed as we do for the hope that Osteopathy extends to some particular sufferer as gathered from experience in similar cases. We should be honest with our patients, but we cannot be so always and at the same time do justice to Osteopathy without a greater experience than most of us are able to obtain. I should like to see a column or two of THE JOURNAL OF OSTEOPATHY devoted to this every month.

O. DENSMORE, D. O.

Princeton, Ill.

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**Necessity for Keeping Records of Cases.**

Osteopathic practitioners have, as a rule, sadly neglected or overlooked the great importance of reporting and keeping a record of cases. Each Osteopath should recognize and realize of what immense bearing it will have on the literature of Osteopathy in the years to come. In fact it is of such importance that it will be an actual necessity in order that our work may live. The capable and scientific manner of reporting and recording cases has been the instrumental means in bringing the medical profession to such a thorough and comprehensive understanding of disease. To this I dare say the credit must be given that has developed close observation and study by which the literature of medicine has been made so complete. It is this matter of preparing records which has elevated medicine to the dignity of a science. In view of this long-felt want in Osteopathy Doctors J. D. and G. A. Wheeler, of Boston, have published a record and

chart for the use of osteopathic physicians in keeping a record of cases. It is called the "Wheeler Osteopathic Chart and Record" and is indeed an example of the progressive energetic work which characterizes the Osteopath. For an original, unique and common sense idea it could not be beaten. It has blank spaces to fill in with address, age, weight, date of first and last treatment, analysis of urine, and cut of skeleton with directions for using same in a very simple manner by any Osteopathist. Here by the use of a cut of a skeleton is where the originality and commendability of the record lies—markings in pencil upon the skeleton will show many features of diagnosis unnecessary to record in writing. This has to be seen to be appreciated as it is so thoroughly osteopathic. There is also a large space for general remarks such as history, symptoms, morbid anatomy, etc., which makes on the whole a very simple but complete method of recording each case. Every osteopathic physician should seriously consider keeping a record which will not only be of great advantage to himself but to the profession at large.

CARL P. MCCONNELL, D. O., M. D.  
American School of Osteopathy.

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**The Migratory Osteopath.**

The question of professional ethics has been considered but lightly so far by Osteopaths for the reason that a few months ago we were a small band of devotees, knowing each other well, experiencing no competition, having no other schools and knowing no jealousies. No code was then necessary. Each graduate was a law unto himself. Now we are spreading and it behooves as to consider some rules of conduct. Physicians of other schools are often accused of too much professionalism, but I believe it is better to err that way than give too little attention to the ethical side. The one crying evil whose voice cannot be stifled is that of the migratory



—and I might say, predatory—Osteopathy. If the careers of many graduates were written they would present a sad spectacle of business incompetency and a decided lack of the art of letting well enough alone. Many an Osteopath who, before graduation, would have been satisfied with a fair remuneration for a year's work and who could not have much more than fair wages at his best, turns up his nose at earning fully as much in a single month of practice. As stories float in of the thousands Doctors Smith and Brown are making, he straightway becomes fired with the notion that *his field is too small* and he concludes—not to do better work in his holy profession—but to make more money. He folds his tent and steals away, leaving friends sorrowful at wasted efforts in his behalf; leaving some very irritated invalids who had been led to believe they were to have every advantage for being cured; leaving the army of skeptics and enemies of the science in a state of hilarity; and finally leaving a city dead for Osteopathy—dead, until some hardy spirit comes who will undo the wrong and vindicate the profession by fidelity to his post against any sort of discouragement. Should this brave substitute fail to appear, there is a place where Osteopaths and their friends may well beware! Circumstances may make a practitioner justified in changing his location. It stands to reason that if no encouragement is given after a fair trial he is at liberty to seek a better field. A workman is worthy his hire; but a workman's greed should not make him deal a blow at others who may follow him who are worthy and who are actuated by motives above dollars and cents. Some Osteopaths have had as many as six or eight locations in the short time there has been a profession. These have all left a trail of destruction, disappointment and discontent. The question comes up "Has the profession no protection against this species?"

C. C. TEALL, D. O.

Washington, D. C.

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#### Pithy Points for Practitioner and Student.

I must make a protest against the useless and even harmful practice of boasting

on the part of practitioners in our publications. The afflicted like to read osteopathic records of cures, hoping perhaps for encouragement from cases parallel to their own. Facts need never be obscured in veils of modesty, but to read of Mr. Hustler, D. O., having so many patients, and enumerating the number of trains he rides on, and the different states he covers each week in his practice, or his telling how he discomfited some poor blind M. D. in a discussion, does not help the sick or the profession. It may reflect on the writer. Folk may say "there's a little boy with his first pair of red-top boots." My mind dwells more on the patient who has put his life into my hands and whom I may be failing to cure. What I want to know from other Osteopaths is how they successfully treat this or that malady. That will do me most good which helps me to relieve suffering. It is ignorance and not Osteopathy that make us fail to cure where we do fail. Who has added anything to the science since graduation? Do not all speak out at once. Darwin comes home to us. Perhaps we did not come from apes, but as Osteopaths we are apes, trying to ape the "old doctor." It would be an excellent thing to be like him, but we cannot. We must be ourselves if we are really to help the science develop. Ten months' practice teaches me that to touch a certain button or buttons does not always start "machinery hall" nor produce the effect we desire. I appreciate now all that Dr. Still has ever told me. His jests and earnestness were full of hints and suggestions. Students in the American School of Osteopathy would better not doze on those upper seats while Dr. Smith is lecturing, especially when he digresses from the text book and is giving something practical. Perhaps I can suggest a help to studying. It will save lots of sweat if one does not forget what Dr. Smith tells his classes. "What to do next" will often puzzle an operator. "Touch a button, ring a bell" is Osteopathy in part, perhaps,—but it may not work if something has crossed or grounded the wires (nerves.) It will not help students much to know how many *things* pass through the apex of the thorax, or the



forty classified and unclassified structures put down in the books. Some patients I find have had drug stores pass through theirs. Nor will you get much comfort in knowing that a certain muscle is the longest in the body, nor what things do not pass through the foramen of Winslow. If students are wise they will try to remember that which they will most need when they are practicing. Committing to memory systems and catalogues is a waste of time. Parrot memories do not insure any adaptability to administer treatments. To know that those old "frog legs" flopped against the trellis will not help operators much, nor what relation "Billy Ruben" is to "Billy Verdin" either.

M. E. HUDELSON, D. O.

Bevier, Mo.

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#### What Utility Has The A. A. A. O.?

A subject of the greatest importance to the profession is the utility of the organization known as the *Association for the Advancement of Osteopathy*. I received a card recently calling for remittance of the annual dues but as yet have not complied, nor do I feel at present disposed to do so, until some benefit, present or prospective, can be seen in being a member of that organization.

Personally I have no cause for complaint, being wholly occupied with my practice. Ever since this association was organized, it has come to our ears repeatedly that graduates are being persecuted in many localities which, I take it, ought not to be. We have understood the great object of this association to be the advancement of Osteopathy. Now in what better way can this science be advanced, how made to appeal more strongly to the public mind, than by acquainting the public with Osteopathy through representatives of reputable schools as it is in theory and in practice? But our representatives are being driven from their chosen fields as though they were felons and outcasts, and an injury to society—a state of affairs well calculated to discourage advancement and to end the struggle each has maintain-

ed. To counteract this I advocate earnestly strong, generous co-operation on the part of all concerned. Our plan of action should be through an organization comprising active Osteopaths protected by the best legal council. The latter should attend to legal phases of every situation when conditions require it. In this wise only can a future be assured to all, and our new science be promoted.

Now that I am upon the subject, let me say here that good legal talent has declared Osteopathy not to be medicine; and it is my belief that a test case would be made to prove it. A leading citizen of New York City informs me that should a test case be made, Osteopathy would not come under the Medical Act any more than the work of a barber who shampoos hair for a fee. In fact, such a decision, in substance, has already been rendered in Ohio, and would doubtless be duplicated in other sections of the country, were the matter brought to an issue.

Two great antagonists against which our very best endeavors must continually be directed while our science is but yet in its youth, are scepticism and intrigue. Idle words will not effect a truce; our proof must be tangible, self-evident. We should assess ourselves and bring about a test case first engaging able counsel in whom we can place implicit confidence, and by whose hands our interests will receive justice. All will agree with me, I think, when I say that counsel can be retained at a cost which, to those of us in business, would be merely nominal, while from letters which have come to me, I feel certain that a majority, if not all, will be willing to share the expense. A case in point is that of Dr. Nelson, who at this very moment has trouble on his hands in Kentucky, and others have been bothered in Illinois. I trust I make no mistake in believing a sufficient number are interested to warrant the profession becoming something of a power eventually, supported and championed as we are by many influential people.

JOSEPH H. SULLIVAN, D. O.

Chicago.



### The Thermometer in Diagnosis.

Somehow when I see an Osteopath going around wearing a little gold chain, one end fastened to the lapel of his vest, the other to something resembling a gold pencil sticking out of his pocket, it prejudices me against his ability for diagnosing a case. I imagine I see him put his fingers carefully on it, unscrew the top, shake it down with a jerk, then look at it, rub it with his handkerchief and tenderly place it under the arm or tongue of the patient; then sit down, take out his watch and wait very patiently and reflectively for a few minutes; next take it out, shut one eye and looking at it sagely, say: "103 (or 110) degrees—ahem! dangerous—very, dangerous." I become very much impressed at this—and pray, at what? What has this done for the patient? What has all this routine and side show done for the doctor? Has it given the Osteopath an idea how he is to relieve the patient? Could he not just as well have felt the wrist and counted a few beats of the pulse? Is he one whit wiser as to cause and effect, or concerning how to alter the effect? I think not. The thing for an Osteopath to do is to go to work. Had there been no fever or trouble the doctor would not have been called. Thermometers, like drugs, are manufactured to make money, not to cure. Most druggists, all M. D's and I am sorry to say some Osteopaths say "why don't you buy a thermometer?" I merely ask "what for? Can it tell me what is the matter?" No. It will not do that. Then what use is the thermometer anyhow? Does it give you a better idea of the symptoms on which diagnosis of your case turns? Does it tell you *why* the skin is cool and the temperature 103 or 110? Or when a patient is raving with pain in the bowels, that it is or is not impaction? If not, then what does it do? One thing I admit it does ac-

complish. It seems to mystify the public. Taking the temperature seems somehow to have satisfactory effect in the minds of the patient or his family. A patient a few days ago said to me "why don't you take my temperature?" I replied, "What for?" "To know whether I am sick or not," she answered. I asked if she thought that little glass tube knew more about it than I did. The doctors will say temperature is 103 or 110 degrees. That settles it. The patient is a very, very sick man. After all, is it not the close study of the case—thinking, thinking how you will treat the patients to bring back light to the dull, dark mind and ease to the racked body—is not this the sole means of success? Is it the mystified shake of the glass tube, and the shake of the head, that does the work? What of your ability as an Osteopath? For how much do you count your diagnosis, your patient watching, your careful treatment; the confidence you have inspired in your patient that he will soon be well; looking after the little details of the sick room; your careful and firm instructions to the nurse? In truth, is not the fact of you being an Osteopath and a graduate of the American School of Osteopathy a sufficient guarantee to the public that you are a notch higher than glass tubes? The thermometer of the Osteopath is in his finger tips and his field for observation is broader than taking temperatures of the tongue and armpit. He must know the isothermal conditions of the whole body and train his hands to changes of temperature, either in an affected spot or for the whole body, as his patient needs it. Away then, with these little gilt and glass pocket companions of the old school physicians!

W. E. GREENE, D. O.

Glens Falls, N. Y.



## FROM PLYMOUTH ROCK TO GOLDEN GATE.

### Statutory Measures for the Establishment of Osteopathy That Occupy Our Law-Makers.

Massachusetts is latest to discuss the needs of osteopathic legislation. A favorable bill is now before her law-makers. After planting its first legal monument in Vermont, the drugless science has caused the enactment of like statutes in every section of the union; it to-day occupies the attention of law-makers in the distant states of Montana, Idaho, California and the territory of Arizona; and has swung back as an issue of vital consequence to the people of Massachusetts. Since osteopathic legislation was not mentioned until 1895, the history of institutions, political or scientific, is challenged to show a development as swiftly marvellous.

It is no idle boast to say that within five years Osteopathy will be on an equal legal footing with all the schools of drug medication in every state and territory of the United States.

The present laws of Massachusetts on medical practice are peculiar in that no requirement exists for a knowledge of Anatomy, the foundation stone of Osteopathy and all rational modes of treatment. Any one at present, whether a graduate of a medical school or not, is allowed to practice medicine if he succeeds in standing the examination of the Board of Registration in the five branches Physiology, Pathology, Obstetrics, Surgery and Medicine with an average of 70 per cent. The Board of Registration now recommends that Anatomy be added to its own list of subjects for examination.

The pending bill was originated by Dr. C. E. Achorn and when presented was accompanied by a petition signed by prominent citizens including several drug practitioners. The bill was referred to the committee on public health and a public hearing has been given to friends and foes. Dr. E. B. Harvey, secretary of the State

Board of Registration, is fighting the bill for the organized societies of drug practice throughout the commonwealth. The proposed law is entitled:

AN ACT Authorizing the Practice of Osteopathy in the Commonwealth of Massachusetts.

Be it enacted by the Senate and House of Representatives in General Court assembled and by the authority of the same, as follows:—

Section 1. That the system, method, or science of treating diseases of the human body, commonly known as Osteopathy, is hereby declared not to be the practice of medicine by drugs within the meaning of Section ten (10,) Acts 1895, Chapter 412, and not subject to provisions of the said Act.

Sec. 2. Any person having a diploma regularly issued by any legally chartered and regularly conducted school of Osteopathy, where Anatomy, Chemistry, Physiology, Pathology, Obstetrics, Dissection, Diagnosis, and the study of the human structure both in health and disease, with the therapeutics of Osteopathy, are taught, who shall have been in personal attendance as a student in such school for at least four terms of at least five months each before graduation, shall upon the payment of a fee of twenty dollars (\$20) be entitled to examination, and if found qualified by a majority of the Board of Registration in Medicine shall be registered as a qualified Osteopathic physician, and shall receive the certificate thereof. Any person refused registration may be re examined at any regular meeting of said Board within two (2) years of the time of such refusal without additional fee, and thereafter he or she may be examined as often as he or she may desire, upon payment of ten dollars (\$10) for each examination.

Sec. 3. The examination shall be in whole or in part in writing and shall be of an elementary and practical character, embracing the general subjects Anatomy, Physiology, Pathology, Obstetrics, and Practice of Osteopathy, and shall be sufficiently strict to test the qualifications of the candidate as a practitioner of Osteopathy.

Sec. 4. The certificate provided for in the foregoing section shall entitle the practitioner to all the rights and privileges accorded a physician or doctor of Medicine under the laws of the Commonwealth of Massachusetts, but shall not authorize the holder to prescribe or use drugs in his practice, nor to perform major or operative surgery.

Sec. 5. The State Board of Registration in



Medicine shall have at least one Osteopathic physician, who shall be appointed by the Governor of the State, in the manner set forth in Section one (1) of Chapter 456 of the year 1894.

Sec. 6. It shall be the duty of the Board to investigate all complaints of disregard, non-compliance, or violation of the provisions of this Act, and to bring all such cases to the notice of the proper prosecuting officers.

Sec. 7. Any corporation organized under the laws of the Commonwealth of Massachusetts for the purpose of establishing and maintaining a college for the promotion of the science of Osteopathy shall have the authority to confer on the graduates of such college the degree of Doctor of Osteopathy, or Diplomate in Osteopathy.

Sec. 8. Any person who shall practice or pretend or attempt to practice or use the system, method, or science of Osteopathy in treating diseases of the human body, without having complied with the provisions of this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof be fined in the sum of not less than fifty and not more than one hundred dollars for each offense; Provided, that nothing in this Act shall be construed as prohibiting any legally authorized practitioner of medicine or surgery in this State from curing or relieving diseases with or without drugs, or by any manifestation by which any disease may be cured or alleviated. Provided also, that nothing in this Act shall be construed as prohibiting any person located in the State before the passage of this Act, to whom a diploma has heretofore been regularly issued by any legally chartered school of Osteopathy, from practicing Osteopathy after having filed such diploma for record with the Board of Registration in Medicine.

Sec. 9. This Act shall take effect upon its passage.

Such newspapers as the BOSTON GLOBE and THE TRANSCRIPT are giving the proposed law full consideration and Osteopaths look for a victory.

#### COLORADO WITNESSES A HOT BATTLE FOR LEGAL RECOGNITION.

Two osteopathic bills have been introduced in the legislature of Colorado, both seeking to give the science an establishment, while the united ranks of drug practitioners are pushing a counter medical bill prohibitory and imperialistic in the extreme. Osteopathy has strong backing but it is to be deplored that the minority in the profession did not abide the decree of the majority and act as a unit to force the situation. There is hardly room to doubt a united fight would triumph and the majority bill may yet find enactment; but Oste-

opathy cannot expect much at the hands of law-makers when its exponents come into the State House with one or more of its wheel-horses prancing out of the traces. Osteopaths in other states should not repeat this blunder.

Senator Felton offered Bill No. 348 which was prepared by four out of five Denver Osteopaths at a meeting in the office of Dr. W. L. Harlan. Five examiners were provided for in the State Board clause and it was stipulated, as a means of shutting out possible fakirs, that all desiring to practice, whether previously practicing or new graduates, should alike be examined. Dr. Harlan wanted three on the board instead of five and insisted that all who had been practicing for two years should not have to stand an examination. He bolted and framed a bill to meet his own ideas which Senator Crosby introduced as Bill No. 358. The majority believed that Dr. Harlan's bill would allow not only graduates but pretenders and underlings who had been at work for two years to have advantage over new-comers and it stood pat on the majority measure. Senator Felton has presented another bill, No. 349, to introduce the word Osteopath along with "physician, surgeon and mid-wife," where these are required to report births, deaths and contagious diseases to the Board of Health of county or city. "This would be a practical recognition," writes Dr. N. Alden Bolles, "even if no law was passed for direct recognition." These three bills are in the hands of the State Affairs Committee and hearings are now being given each of them.

The state press is emphatic in denouncing and even in ridiculing the exclusive and monopolistic medical bill. THE DENVER REPUBLICAN said: "The legislature will make a mistake if it passes the bill designed to give monopoly to a particular class of citizens to practice the healing art." The ROCKY MOUNTAIN NEWS said: "The pending medical bill ought not to pass. The powers which it confers upon the proposed medical council and the board of medical examiners are altogether too great." Again: "Undertakers differ in regard to the best manner in which to prepare bodies for burial. If



the State Legislature decides to recognize only certain schools of medical practitioners as legal, it may as well go all the way and nominate the methods of embalming that shall be employed on the remains of mortals whom the only legal doctors have failed to heal."

The medical bill proposing to recognize *three* schools of medicine *and no more* was championed by alopahy, homeopathy and eclecticism before a joint session of the houses February 16th, and was torn limb from limb by Osteopaths and practitioners of other systems. Dr. N. Alden Bolles made a masterly argument against the bill in behalf of Osteopathy. Hopes are entertained that Senator Felton's bill will be adopted.

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#### ARIZONA'S OSTEOPATHIC BILL LOST BY ONLY ONE VOTE.

"The Osteopathic Bill was lost in the senate of Arizona Feb. 14th, the vote standing six to six, there being only twelve members in the senate," writes Dr. W. J. Connor from Phoenix. "This bill had passed the house by a vote of 22 to 2. In the senate was a doctor who had influence and by all kinds of manipulation he succeeded in getting the bill reported unfavorably. The Medical Association of Arizona held a meeting in Phoenix and with the combined efforts of the state physicians they succeeded in defeating the bill. There were, however, a number of the best physicians who took no part in the matter while a few supported us very loyally. The principal element that opposed us was that class of little selfish, narrow-minded fellows who require the support of the law to keep out competition and enable them to make a living. Most of the legislators treated us very kindly. Of the 36 members in the house 28 voted in our favor. Only 8 members in the whole body voted against recognizing Osteopathy, which shows how popular the science is in this territory. When we consider that it has been but a little over a year since it was introduced here we think it a great victory to get such support.

"Osteopathy has many good friends in

Arizona who assisted us in our efforts and among them are the best people in Phoenix. There was not a single voice lifted against us, so far as I know, except from the drug doctors, which shows how they have come to fear Osteopathy. We have come to stay, however, and they had just as well look the situation squarely in the face, succumb to the inevitable and let us alone. All the efforts they make against us only makes Osteopathy friends and makes them appear ridiculous in the eyes of the public. Anyone can see it is a selfish motive which prompts them to oppose the new science and that it is not to protect the dear people, as they try to make it appear."

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#### THE ISSUE SHARPLY DRAWN IN CALIFORNIA.

California Osteopaths are hopeful that their bill will pass, and the prospect brightens daily, but they are not boasting. The bill is the same in text as the one drafted for the Minnesota legislature and is a strong one. The some old stubborn fight of eclectic, homeopath and alopah against the new-comer is being experienced. In behalf of these drug interests Representative Valentine is pushing Bill No. 511 to amend the medical practice act of 1876 as amended in 1878 so as to conduct a three-cornered, freeze-out game in the matter of public health and compel the Osteopath or any other independent to face a "brace game" or throw down his cards.

During the past two years the drug doctors of California have been watching the disciples of Dr. Still in the hopes of securing a case against them. They have said, it is reported, that they would rather get a good case of prosecution for violation of the medical act than pass a bill against their practice. The effort has been made repeatedly with failure. As a compromise offer to incorporate the word Osteopathy in bill No. 511, so as to treat all systems alike, was refused by Mr. Valentine, it is war to the knife.

Senator Moorehouse is doing all in his power to pass the osteopathic bill and he is the ablest orator in the house. He says in every speech before his colleagues,



*Osteopathy is to be the Medical science of the times.* Many friends are standing boldly for this bill. The Valentine bill is sure to be defeated because of the various antagonisms it has aroused.

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ILLINOIS BOARD OF HEALTH SEEMS  
FAIR-MINDED.

Prospects are good for a compromise measure which shall go to the General Assembly of Illinois with the endorsement of both Osteopaths and the State Board of Health. Dr. J. W. Sullivan of Chicago is pushing this plan and Governor Tanner backs it with his approval. The situation is just this: The Osteopaths want regulation and protection by law; the State Board through its secretary, Dr. Eagan, wants no special legislation to that effect which would set the new school up on an independent pinnacle beyond its control; the Osteopaths are willing to be treated just like any other school of medicine and the State Board is reasonable enough to see the justice of the demand and to agree that a bill shall be presented to achieve this end which will be supported by all interested. This osteopathic bill will place the new school under the control of the State Board of Health and each applicant for a certificate to practice shall pass a satisfactory examination in anatomy, physiology, pathology, chemistry, gynecology, obstetrics, bacteriology and osteopathic therapeutics. There is scarcely a doubt such a bill will be enacted into law.

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A LONE CHAMPION IN WYOMING.  
Representative L. R. A. Condit of

Griggs, Wyoming, has come out for Osteopathy as a result of the Colorado campaign of education. He has only recently learned of the new science but has announced that he makes its cause his own and if Osteopaths want to come to his state and practice he will champion a measure in the legislature for their protection.

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THE SITUATION IN OTHER STATES.

Bills are now being pushed in Nebraska, Montana, Minnesota and Idaho favorable to Osteopathy and in Kansas, Indiana and Oregon medical bills prohibiting the drugless science are now before the law-makers. Each of these osteopathic bills seem to have good chances of enactment into law and the Montana bill has been recommended for passage. The antagonistic bills are so un-American and monopolistic that no fears are entertained for their passage.

"There is going to be an effort made during the present session to legislate Osteopathy clear out of Texas but the friends of the science are not asleep and we are going to see that this is not done," writes Dr. C. L. Rider. "Osteopathy has a great many friends in North Texas where a few months ago it was comparatively unknown and Osteopaths locating in this section, will find to a great extent, the way already prepared for them. As the law now stands a graduate of the American School of Osteopathy can register his diploma with the Clerk of the county in which he expects to practice and be entitled to the same rights and privileges as the regular physician."



## COMPEND OF MEDICAL REQUIREMENTS TO PRACTICE IN STATES, TERRITORIES AND POSSESSIONS.

**ALABAMA.**—Certificate of successful examination by Board of Censors of the Medical Association of the State or the Board of Censors of the several county medical societies in affiliation. Diplomas confer no right to practice. Senior Censor, W. H. Sanders, M. D., Mobile.

**ALASKA.**—No law.

**ARIZONA.**—Certificate of successful examination by Board of Territorial Medical Examiners, after presentation of diploma from a properly and lawfully organized medical college. Secretary of Board, C. D. Belden, M. D., Phenix.

**ARKANSAS.**—Practically no law.

**CALIFORNIA.**—Certificate issued on presentation of diploma from a medical college in good standing issued by one of the State Board of Examiners, regular, homeopathic or eclectic. Secretary representing State Medical Society, G. G. Wadsworth, M. D., San Francisco.

**COLORADO.**—Certificate based on diploma from a recognized medical college or successful examination by State Board of Medical Examiners. Secretary of Board, T. A. Hughes, M. D., Denver.

**CONNECTICUT.**—Certificate of successful examination by committee appointed by State Board of Health. Regular, homeopathic or eclectic. Diplomas confer no right to practice. Secretary representing State Medical Society, G. A. Lindsley, M. D., New Haven.

**DELAWARE.**—Certificates conferred only by Medical Council after presentation of diploma from a legally incorporated medical college and successful examination by Board of Medical Examiners, either regular, homeopathic or eclectic. Diplomas confer no right to practice. Secretary of Medical Council, I. S. Vallendigham, Middletown.

**DISTRICT OF COLUMBIA.**—License by Board of Medical Supervisors after successful examination and diploma from a legally authorized medical college. Secretary of

Board, W. G. Woodward, M. D., Washington.

**FLORIDA.**—Certificate of successful examination by District Board of Medical Examiners. Diplomas confer no right to practice. Secretaries of District Boards (from Polk's Medical Directory, 1898), 1st, C. B. McKinnon, M. D., Pensacola; 2d, G. W. Lamar, M. D., Quincy; 3d, W. R. Chalkee, M. D., Lake City; 4th, R. H. Dean, M. D., Jacksonville; 5th, G. E. Welch, M. D., Palatka; 6th, D. W. Weeden, M. D., Tampa; 7th, R. L. Harris, M. D., Orlando.

**GEORGIA.**—License issued after satisfactory examination by the Board representing the regular, homeopathic or eclectic schools of medicine. Secretary representing regular school. E. R. Anthony, M. D., Griffin.

**HAWAII.** Under the laws of the Republic of Hawaii certificates are issued to graduates from recognized colleges after a satisfactory examination by the Board of Health.

**IDAHO.**—Certificate from State Board of Medical Examiners based on diploma and satisfactory examination by the Board. Secretary, C. L. Sweet, M. D., Boise.

**ILLINOIS** (law now in force.)—Certificate by the State Board of Health based on diploma from a recognized medical college or a satisfactory examination by the Board. (Proposed law.)—License by Board of Medical Examiners based upon diploma of a recognized medical college and satisfactory examination by the Board. License to be renewed annually, at the direction of the Board. Secretary, J. A. Eagan, M. D., Springfield.

**INDIANA.**—Certificate based upon a diploma from a recognized medical college or after a satisfactory examination by the State Board of Medical Examiners. Secretary, W. F. Currier, M. D., Indianapolis.

**INDIAN TERRITORY.**—Cherokee Nation: An examination by Board of Medical Examiners. Secretary, I. W. McClendon,



M. D., Colgate. Choctaw Nation: the same, except an annual fee of \$10 for a permit.

IOWA (In force Jan. 1, 1899.)—Certificate from State Board of Medical Examiners based upon a diploma from a recognized medical college and satisfactory examination by the Board. Secretary, J. F. Kennedy, M. D., Des Moines.

KANSAS.—Registry of diploma from some "respectable medical college," or certificate of qualification from some state or county medical society. Secretary of State Board, H. Z. Gill, M. D., Pittsburg.

KENTUCKY.—Certificate from State Board of Health based upon diploma from "some reputable and legally chartered medical college endorsed as such by the Board." Secretary, J. N. McCormack, M. D., Bowling Green.

LOUISIANA.—Certificate based upon diploma from a medical college in good standing and a satisfactory examination by the State Board of Medical Examiners. Secretary, representing State Medical Society, H. S. Cocram, M. D.

MAINE.—Certificate of successful examination by the State Board of Registration. Secretary, A. K. P. Meserve, M. D., Portland.

MARYLAND.—A certificate based upon a satisfactory examination by the State Board of Medical Examiners. Secretary, representing Medical and Chirurgical Society of Maryland, J. McP. Scott, Hagerstown.

MASSACHUSETTS.—License after a satisfactory examination by the State Board of Registration in Medicine. Secretary of Board, Edwin C. Harvey, Boston.

MICHIGAN.—Registration with the county clerk, of a diploma from any legally authorized medical college.

MINNESOTA (In force Jan. 1, 1899.)—License issued by the State Board of Medical Examiners after a satisfactory examination and presentation of evidence of having attended four full courses, at a recognized medical college, of at least twenty-six weeks each, no two courses being in

the same year. Secretary, J. B. Brinhall, M. D., St. Paul.

MISSOURI. Similar to Illinois. Secretary of State Board of health, Paul Paquin, M. D., St. Louis.

MONTANA.—A certificate based upon a diploma from a recognized medical college or after a satisfactory examination by the State Board of Medical Examiners, and evidence of having attended four courses of lectures at least six months each. Secretary, Henry Chapple, M. D., Billings.

NEBRASKA.—A certificate issued by the State Board of Health upon a diploma from a legally chartered medical school or college in good standing. Holders of diplomas must have attended four courses of lectures in four separate years. Secretary of Board, B. F. Crummer, M. D., Omaha.

NEVADA.—A record of diploma filed with the county recorder from "some regularly chartered medical school."

NEW HAMPSHIRE.—License by State Board of Medical Examiners after a satisfactory examination by the Board, or based upon license from another State having an equal standard of qualifications. Secretary representing New Hampshire Medical Society, J. T. Greely, M. D., Nashua.

NEW JERSEY.—A license after successful examination by the State Board of Medical Examiners, diploma from a recognized medical college. Candidates must have studied medicine four years, including three courses of lectures in different years, and present evidence of preliminary education. Secretary of the Board, E. L. B. Godfrey, Camden.

NEW MEXICO.—Certificate based upon a diploma from a medical college in good standing, or a satisfactory examination by the Territorial Board of Health. Secretary, J. M. Cunningham, M. D., Las Vegas.

NEW YORK.—License issued by State Board of Examiners, after a satisfactory examination and evidence of having studied medicine not less than four years in a medical college having a satisfactory standard. Secretary representing New York State



Medical Society, Melvil Dewey, M. D., Albany.

**NORTH CAROLINA.**—A license issued upon successful examination by the State Board of Medical Examiners. Diploma confers no right to practice. Secretary, H. E. Weaver, M. D., Asheville.

**NORTH DAKOTA.**—Similar to North Carolina, Secretary, H. M. Wheeler, M. D., Grand Forks.

**OHIO.**—(In force Jan. 1, 1899.)—Certificate issued by a State Board of Registration and Examination, based upon diploma from a college requiring four years of study and in good standing with the Board. Secretary of the Board, Frank Winders, M. D., Columbus.

**OKLAHOMA.**—A license based upon a diploma of a "medical college," or after a satisfactory examination by the Board of Examiners. Secretary, L. Haynes Buxton, M. D.

**OREGON.**—A license issued by the State Board of Medical Examiners after a satisfactory examination. Secretary, B. E. Miller, M. D., Portland.

**PENNSYLVANIA.**—A license granted by the Medical Council after a satisfactory examination and a diploma from a recognized medical college. Secretary, Hon. J. W. Latta, Philadelphia.

**PORTO RICO.**—Graduates from a reputable medical college will probably be allowed to practice.

**RHODE ISLAND.**—A certificate based upon a diploma from a recognized medical college having a four year course, or after a satisfactory examination by the State Board of Health. Secretary, G. T. Swarts, M. D., Providence.

**SOUTH CAROLINA.**—A certificate issued

by the State Board of Examiners to holders of diplomas after a successful examination. Secretary, S. C. Baker, M. D., Sumpter.

**SOUTH DAKOTA.**—A license by the State Board of Health upon a diploma from a recognized medical college. Secretary, F. H. Files, Sioux Falls.

**TENNESSEE.**—A license after a satisfactory examination by the State Board of Medical Examiners. Secretary, T. J. Happel, Trenton.

**TEXAS.**—A license after examination by the District Board of Medical Examiners.

**UTAH.**—A certificate issued to holders of diplomas after an examination by the State Board of Medical Examiners. Secretary, B. Stringham, M. D., Salt Lake City.

**VERMONT.**—A license based upon a diploma from a reputable medical college, or after examination by the Board of Censors. Secretary, representing Vermont Medical Society, H. H. Loe, M. D., Wells River.

**VIRGINIA.**—A license after an examination by the State Board of Medical Examiners. Secretary, R. S. Martin, Stuart.

**WASHINGTON.**—Similar to Virginia. Secretary, J. H. Hoxley, M. D., Spangle.

**WEST VIRGINIA.**—A license after an examination by the State Board of Health. Secretary, A. R. Barbee, M. D., Mount Pleasant.

**WISCONSIN.**—A license based upon a diploma from a recognized medical college, or after a satisfactory examination by the Board of Medical Examiners. Secretary, H. M. Ludwig, M. D., Richland Center.

**WYOMING.**—The record of diploma with Registrar of Deeds.



## The Journal of Osteopathy.

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### Metaphysics is Not Mechanics and Suggestion is Not Osteopathy.

Editors of medical and faith-cure journals are just now busy shouting "suggestion is the biggest part of Osteopathy." These gentlemen have the same liberty to state that suggestion is the biggest part of mechanical, electric and sanitary engineering. They may preach, if they choose, that modern sanitary plumbing controls sewage and sewer gas by suggestion. They are free to chase rainbows all through the realms of metaphysics and offer any conclusion which comes to them from dreamland. The public, however, will probably go to osteopathic sources for correct definitions of the new science.

Why do men delight to stand in public and prate unceasingly of what they know nothing?

Is it not strange that drug doctors and editors of drug journals—who seem only to know of the new science from its mighty on-rush into public esteem—do not modestly ask for information, instead of rushing into print to show all that they have got to learn?

That is probably one of the mysteries of professional wisdom past finding out.

Osteopathy again takes the stand for the thousandth time and defines exactly what it is and what it is not. It promises to become an old story some day, but it will bear repetition just as often as false statements and misrepresentation make repetition necessary. Dr. Still said as a first explanation of his new system that "man is a machine and that health means this

machine is in good running order." No better definition in brief has since been offered. This machine is first of all governed by the laws of physics, chemistry and mechanics and vital processes move in accordance with the principles of these sciences. Health depends first of all upon harmony of relations between all parts of this machine and harmony means good circulation, good secretion and good excretion—in a word, sanitary plumbing in the body. Intelligent anatomical and physiological engineering restores normal relations from pathological conditions and this engineering is the osteopathic art. The science of Osteopathy is the system by which this engineering is done—it is the brain work which directs the trained hands to operate the throttles, brakes, levers, pumps and valves that control vital fluids and functions. Instead of dealing with the forces generated in boilers or dynamos the Osteopathist manipulates the vital forces as he finds them stored in the nervous system and in red blood corpuscles; and he proves every day that he can direct these forces of life just as intelligently as the mechanical engineer uses steam and electricity. Moreover, the Osteopathist is able to keep his human engine from burning the fires of life too fiercely, or if the temperature is too low he can fire up as easily as feeding fuel to a furnace. He can clean out impacted bowels as easily as the mechanical engineer can poke the clinkers from his furnace. If a lever or fulcrum of muscle and bone is rendered useless by disarticulation or fracture the Osteopathist finds it as simple to repair such accident as the machinist to restore broken parts of his iron engine. If the blood and lymph channels become obstructed the Osteopathist goes about clearing away the obstruction and sending the fluids of life along their journey of health just as the engineer blows his pipes clean or the electrician joins broken wires in the course of his currents.

Now this is as simple an explanation as the Osteopathist can make of the work he is doing and he submits that when he is content to call himself what he is—an expert anatomical and physiological engineer—that he will be accepted for what he



is and not what others call him. The drug practitioner is anxious to make him out a conjurer by hypnotism and suggestion because he does not want to have to admit that drug theories are being superceded. The suggestive therapeuticist and the editor of the hypnotic magazine alike are very eager to claim Osteopathy's wonderful work as their own because they have been for years trying to get doctors of medicine to believe that placebos are more potent than physic. Thus it comes about that both deceive themselves and each other in classifying Osteopathy in the limbo of dream work and, while they continue to explain what Osteopathy is, the intelligent public—which is accepting this man-is-a-machine idea—continues to wonder why professionalism is often so palpably stupid and prone to bearing false witnesses.

Osteopathy falls in the realm of physics and it is too busy there to juggle with metaphysics. The doctors of drug medication alone seem to have time to experiment nowadays with the relative merits and demerits of pills and placebos.

#### Unusual Osteopathic and Surgical Opportunities Offered Patients at Kirksville.

It is deplorable that a human being in this day of progress should have to submit to experimental vivisection at the hands of surgery without first taking an appeal to Osteopathy to see if it is necessary. Thousands of operations with knife and saw are performed every year by competent surgeons which the advanced thought and results of Osteopathy prove to be brutal butchery. These surgeons know that drug medicine offers little or no hope to patients, when they once begin to slip down the hill of health; they are unacquainted with Osteopathy; they have astounding faith in experimental amputations, cauterization and all the methods in vogue; so when the serious stage of disease is encountered the professional mania is to cut after "the root of the matter" and see what heroic measures will yield. The harvest of mayhem, unsexing and invalidism which results is appalling and when Osteopathy has educated surgery away from this hasty,

unnecessary work the generation will marvel that such practices were ever tolerated.

The sick may escape this dangerous dilemma by putting their cases into osteopathic hands. Here at the A. T. Still Infirmary and Surgical Sanitarium in Kirksville, the parent osteopathic institute, not only can the most able osteopathic operators of the world be found to take charge of cases but when it is proven that an operation is necessary the best skill and facilities in surgical work are also immediately available. The Infirmary is equipped with one of the biggest and most powerful X-Ray machines made which insures the most accurate diagnosis of surgical cases to be had in the world. This department is under the skillful charge of Dr. David Littlejohn, Ph. B., M. D., who gives Infirmary X-Radiance his entire attention. A corps of the best surgeons in the United States are attached to the Surgical Sanitarium. Dr. J. B. Littlejohn is a graduate in Surgery of the University of Glasgow, Scotland, and for three years held the position of Surgeon under the Government Board of England besides various important positions in England and America. Dr. William Smith, M. D., D. O., is a Licentiate of the Royal College of Surgery, Edinburgh; Licentiate of the Royal College of Physicians and Surgeons, Glasgow; Licentiate in Midwifery, Edinburgh and Glasgow; etc. Every appliance and instrument for the most careful diagnosis and surgical treatment are at hand.

An unusual opportunity is therefore offered the sick at Kirksville in that Osteopathy is first obtainable—from the founder of the science and his chosen adherents and, therefore, it is Osteopathy in its best development—while if surgical operations are found necessary, the best skill and the most modern appliances on earth are at hand for the work. The Surgical Sanitarium is commodiously furnished to give the same attentions as the larger city hospitals.

There is not another institution to be found where the same advantages for both Osteopathy and operative Surgery are obtainable.



### **This Science Offers A New Field For The Blind.**

Every blind man and woman in America of good brain power could qualify as practitioners of Osteopathy and in doing so confer greater good upon self and fellow-man than probably any other means makes possible. Since the trained touch means so much in the osteopathic art, since the educated finger tips reveal more than eyes can read in diagnosis, there seems to be no reason why the blind not only have no handicap in this profession but start in fact a long ways in advance of other students. There is the first disadvantage in pursuing studies, to be sure, that of needing help in following text books, but that is not unsurmountable nor even difficult as students of anatomy and physiology are given to studying in companies of two or more and a blind man who can think is as welcome a member of a "quiz club" as any other. This is not a theoretical situation as two blind students are pursuing the course at the American School of Osteopathy at Kirksville, Missouri, at this time and in class standing these students are among the best.

It is said that one or two leading exponents of Osteopathy have added to their proficiency by training the fingers to read by the alphabet of the blind. No doubt such training would add to one's powers of diagnosis and treating marvellously. Indeed, no one becomes a successful operator until he has acquired just such a trained touch as makes the topography, texture and resistance of bodily tissues readily intellible. So that starting with a blind man's finger tips would seem to be half of the needed work done to master Dr. Still's system.

There is room in Osteopathy for all the blind to labor and do great good. Owing to so many avenues of trade and professional work being closed to the blind, it will no doubt be of vast interest to blind men and women the world over to learn that there is now a professional career open to them where their affliction will not be a handicap at all but even a possibility of unusual equipment. No study on earth offers as great a mental pleasure to-

day as Osteopathy, since it is in the bud and flower, and the complete fruitage promises so much richness that other fields of intellectual toil are made to seem in comparison barren. No other profession gives anything like the same chances for results—results in application to infirmity and disease, results in the way of money earnings for doing good. Osteopathy is an accomplishment, too, which if not followed as a profession, fits men and women to live and help everyone else to live who comes within the pale of its blessings. Therefore, the blind should rise as one man and thank God that such an opportunity has come to them whereby each one may become an angel of mercy, more than on equality with the average person possessing five good senses, and where each may be in line with hastening the development of a system which is sure to eclipse and fully usurp all existing systems of drug or faith medication.

### **Much Depends Upon Keeping Clinic Records.**

The day has come when Osteopaths must keep careful clinic records. History shows that a need once strongly realized is more than apt to produce the thing wanted to supply that need. That the absolute need of the new science is for a record form to make record writing easy, according to this rule, is proved by the appearance of two clinic records for osteopathic practitioners within a few weeks. Two distinctly separate and original schemes have been worked up by either of which the profession is enabled now to keep complete records with but little trouble and at slight cost. One entitled merely "Clinic Record" is offered by Drs. Henderson & Macauley, of St. Paul, and the other, Wheeler's Osteopathic Record and Chart" by Wheeler Brothers of Boston. Both schemes recommend themselves for sufficiency and varied excellence.

As Dr. McConnell explains the merits of the Wheeler chart in another department we will give further details here of the plan put forth by Drs. Henderson & Macauley. This clinic record goes more into detail than the other and does not include a pictured skeleton. The form gives



first a personal record to identify the patient which can be filled out in detail; if chosen, as to complaints, duration, previous treatment, results, etc. Under the physical examination in parallel columns appear figures denoting each of the vertebrae, each of the spinal nerves by groups, each of the regions of head, neck, trunk and extremities, a column to append notes on results, with other lines for entering diagnosis, prognosis and general history of case, comments and clinic history. A complete table for urinalysis is added. The form is designed so that a diagnosis is recorded in these columns at any point of the body affected and there is room to indicate the nature of the trouble. It can be easily and quickly read. These blanks are sold both blocked and in book form, so that the Osteopath can suit himself as to the manner of preserving these records.

The idea of keeping clinic records probably dates back to the Father of Medicine—whoever he was—and is so entirely necessary and commendable in doing work scientifically that it is unnecessary to urge the practice upon Osteopaths. We believe that the only reason all faithful operators have not kept records in the past is because first, no convenient blank form was available; and, second, they did not think to get up one. Now they have a choice of two systems, each quite different, it is to be hoped that every careful osteopathic physician will preserve accurate records for his own good and the advancement of the system.

#### A Truly Scientific Publication for Osteopathy.

Announcement is hereby made for the founders of the new scientific periodical, THE OSTEOPATHIC ARENA, that its publication has been secured by subscriptions and that the first number will appear April 1st. Dr. J. Martin Littlejohn, Ph. D., LL.D., F. S. Sc., F. R. S. L. (Lond.), is the editor-in-chief and he is supported by an able corps of associates fully capable of sustaining the magazine without over-taxing their own resources. THE OSTEOPATHIC ARENA will, however, be an open publication, representative of the science and not merely the organ of a coterie, and

pertinent contributions of the right merit will be welcome from all quarters. With the issuance of the first number, subscribers are assured of receiving the entire twelve numbers of Volume I, in due succession, no matter what general interest the editors may find to receive their effort. They have laid their plans slowly and naturely, not undertaking what they cannot carry out, and if those who have made pledges of support fulfil their promises Osteopathy will soon have a scientific publication to be proud of.

In behalf of Dr. Littlejohn and his associates, those who have entered their names as subscribers to THE OSTEOPATHIC ARENA are hereby requested to forward the subscription price of \$5 *at once* to Henry Stanhope Bunting, secretary, 510 West Pierce Street, Kirksville, Mo. The edition will be limited to actual subscription orders; no sample copies will be sent out; and Number I of Volume I will be mailed only to subscribers who have paid their subscriptions. By this precaution the editors are assured of being able to pay printers' bills and to guarantee those who subscribe that they will get what they pay for.

Every Osteopathist who pretends to be more than an "engine wiper" in his practice, will find THE OSTEOPATHIC ARENA an invaluable ally in his work and none can afford to do without it. Physicians and surgeons of all schools will find it a better educator on the vital issues of health and disease than all their organs of drug medication. Contributions will appear from distinguished men on both sides of the Atlantic. If you have not subscribed you would better do so now. Start with No. 1 and bind each volume. This periodical is aimed to be the basis of scientific osteopathic literature.

#### Death of the Rev. Mr. Littlejohn.

The Rev. James Littlejohn, father of the Doctors Littlejohn, died February 25th from la grippe, and weakness due to age. The funeral which took place March 1st, was attended by the students in a body. The pall bearers were Drs. C. E. Still, C. W. Proctor, William Laughlin, C. P. McConnell, Herman Goetz and Charles Haz-



zard. Interment was made in Highland Park Cemetery.

Rev. Mr. Littlejohn was born in Kilwinning, Ayrshire, Scotland, May 29, 1830. In 1859 he was licensed as a preacher, locating in Scotland until 1876. He moved to Ireland and remained till 1893 as a pastor, when he resigned and lived with his son, Dr. J. B. Littlejohn, in England, coming to America in 1895. He lived in Iowa for two years, then in Chicago for one year, coming to Kirksville in May 1898. His wife and four sons survive him, Dean Littlejohn, Drs. J. B. and David Littlejohn, of the Faculty, and Dr. William Littlejohn of Topeka, Kansas.

Resolutions of sympathy were transmitted to Drs. Littlejohn by the June 1900 class. Handsome floral tributes were also sent by students and friends.

Brief clinic reports of interesting cases will be printed in April. Send in your most interesting application of Osteopathy to disease or deformity.

The Southwestern Iowa Medical Association voted \$50 at Creston, Iowa, February 16th, "to run Osteopathy out of the state." This money ought to go to an asylum for parietic drug doctors out of work.

#### School Briefs.

Golf enthusiasts visited the links once or twice last month but found the sod rather soft yet.

\* \* \*

Attendance at the new optional class in Dietetics under Dean Littlejohn is so large that there is standing room only for visitors.

\* \* \*

H. H. McIntyre, M. D., of the Senior Class, won the medal offered by Dean Littlejohn in the competitive examination in Physiology.

\* \* \*

One evidence that Osteopathy is making its impression on the medical profession is the growing number of physicians who enroll as students each year.

\* \* \*

The A. S. O. Orchestra will continue its

creditable career, despite the heavy losses from the last graduation of students. New students with musical education are invited to apply for membership.

\* \* \*

Mr. D. S. B. Pennock, of Philadelphia, Pa., a popular second term student, who has been very ill at the Luellen hotel with pneumonia and German measles, is recovering.

\* \* \*

Dr. Smith's daylight stereoptican illustrations in Anatomy to supplement demonstrations on the cadaver have "caught on" in fine style and the students already consider them indispensable. There is nothing like this feature in any other college in America.

\* \* \*

The College branch of the Young Men's Christian Association is doing good work. All men are invited to the 2 o'clock Sunday afternoon meetings. A neat handbook full of school and town information has been distributed to the new class. Officers are: Honorary President, Dean Littlejohn; President, S. D. Barnes; Vice-President, F. J. Fassett; Recording Secretary, Mr. Millard; Corresponding Secretary, Richard Wanless; Treasurer, Fred Bishoff. The membership numbers seventy.

#### INFIRMARY ITEMS.

Last week Dr. Charles E. Still successfully reset a dislocated hip for Miss King of LaPlata.

\* \* \*

Dr. Esther Whittaker, of Perry, Illinois, one of the December graduates, has joined the Infirmary staff.

\* \* \*

It has become the custom for practitioners in surrounding states to bring their difficult cases to Kirksville for diagnosis in the X-ray Department. Dr. David Littlejohn's skiagraphs are as fine as are made anywhere in the world. The machine used is a ten-plate Van Houton & Ten Broeck, the largest size ever constructed.

\* \* \*

Dr. Georgia Carter has been added to the operating staff of the Infirmary. When



Dr. Carter first became acquainted with Osteopathy she was wheeled to the Infirmary three times a week for treatment. After being restored from invalidism she entered upon the study of Osteopathy and distinguished herself as an apt pupil. Dr. W. C. Carter, the husband of Mrs. Carter, quit the profession of dental surgery to enter the A. S. O. last September.

\* \* \*

Prices for luxurious baths at the Infirmary have been reduced to only 20 cents where patrons use commutation tickets of ten. Single baths are 25 cents. Any sort of a bath is obtainable—just as good facilities as are usually confined to the larger cities. The equipment and service is first class in both the men's and women's departments. Manicuring, chiropody and shampoo service is also obtainable at low rates. Give this department a trial call and you will not do without its benefits thereafter.

#### FIELD NOTES.

Dr. Roy Bernard, of Centerville, Iowa, visited the A. S. O. last month, reporting a busy practice.

\* \* \*

With fights on in a dozen states for or against Osteopathy it is evident that new territory is being conquered.

\* \* \*

German medical men have written the American School of Osteopathy for literature on the drugless science.

\* \* \*

Dr. W. F. Link, of the last graduating class, was welcomed in his new field at Elgin, Illinois, by an arrest for alleged violation of the state medical law. A jury acquitted him in five minutes.

\* \* \*

The Philadelphia College of Osteopathy which was refused incorporation in Pennsylvania, owing to the severe demands of the Keystone law, has taken out a charter from the state of New Jersey which of course is equally operative in Pennsylvania.

\* \* \*

Col. A. L. Conger, recently secretary of the S. S. Still College of Osteopathy, died at Des Moines Feb. 25th, of a paralytic stroke. He was a beneficiary of Osteopathy whose experience had become widely advertised through his enthusiastic endorsement of the science.

#### PERSONAL ITEMS.

Dr. Herman T. Still left recently for Brooklyn, N. Y., where he will open an office for general practice.

\* \* \*

Dr. Harry M. Still has joined Dr. Hildreth at St. Louis in response to the growth of general practice in that office.

\* \* \*

Dr. S. H. Morgan has removed from Canon City, Colorado, to Lexington, Ky., and Dr. A. K. Waters of the last graduating class, has succeeded to his practice.

\* \* \*

Dr. Horton Fay Underwood of Boston, Massachusetts, visited his alma mater this week. He reports the fame of Osteopathy to be spreading swiftly in New England.

\* \* \*

Dr. David L. Clark, of Sherman, Texas, brought up one of his patients this week to secure an X-ray diagnosis of a hip dislocation at the A. T. Still Infirmary.

\* \* \*

Dr. Charles C. Teall and Dr. Grace Henninger have formed a partnership and established offices in the Washington Savings Bank building, 12th and G. Streets, Washington, D. C.

\* \* \*

Dr. H. C. McLain, who has built up a practice that has commanded some endorsement of M. D.'s at Mason City, Iowa, shook hands with his old friends at the college recently.

\* \* \*

Dr. Marion E. Clark left the practice of Clark & Kerr, Osteopaths, at Dubuque, Iowa, in the hands of Dr. Clarence V. Kerr long enough last week to come back and report successful practice.

\* \* \* \*

Dr. R. N. Buckmaster, lately of Moncton, Canada, has moved to Buffalo, New York, where he will have associated with him in practice his son, Dr. R. P. Buckmaster. The latter spent February with his Kirksville friends.

\* \* \*

Dr. Albert Fisher, Sr., one of the oldest men to take the full course at Kirksville and become a graduate Osteopath, has lo-



cated for practice in his old home, Englewood, Illinois. He was a well-known consulting and contracting engineer before studying the new science, and says he is now "not only a theoretical but practical anatomical engineer, a 'human engineer,' having taken up a higher branch of mechanics as his profession." He is the father of Dr. Albert Fisher, Jr., of Syracuse, N. Y., and the father-in-law of Dr. D. B. Macauley of St. Paul.

#### Still House Announcement.

I hereby announce that I will open the Still House, well known as Kirksville's best private hotel, on April first under my personal management as a strictly high-class exclusive hotel on a scale not hitherto attempted in Kirksville.

The building will be thoroughly renovated and newly papered; every room will be entirely fitted up with new furniture; and home fare will be served guests in style to meet what I believe to be the demand of patients in the A. T. Still Infirmary.

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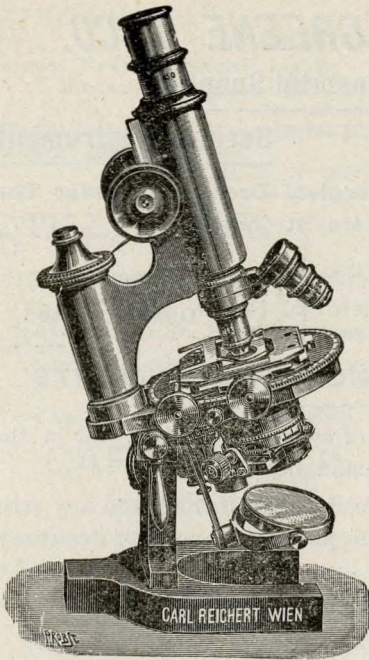
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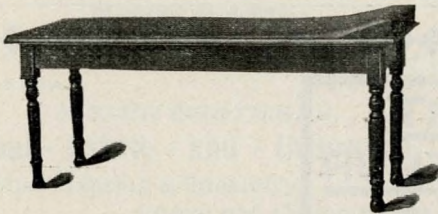
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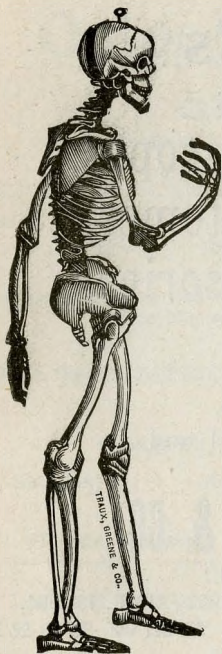
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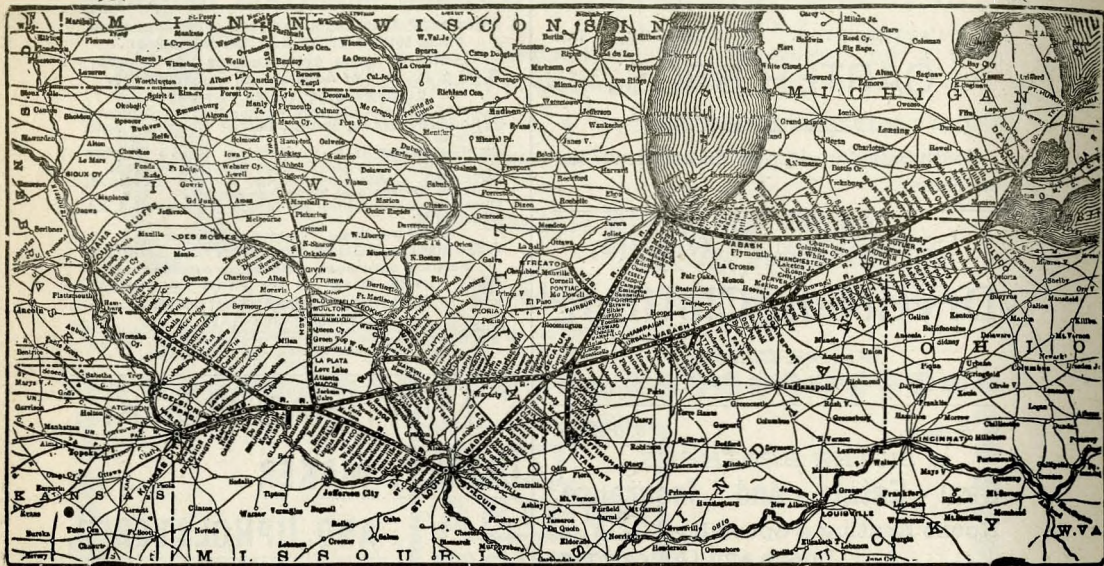
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